So far I have said nothing about amputation. I have left that to the last, as I think it should be the last thing thought of in these cases. Of course, we meet with some cases where the injury is such that amputation has to be done at once; but I think if there is a possible chance to save a limb for our patient we should try it.

Patent Medicines: A Good Suggestion.

ROGERSVILLE, Tenn., September 13, 1905.

To the Editor: Under separate cover I am to-day mailing you a marked copy of the *Rogersville Review*, a weekly newspaper published in this, a town of about 3000 inhabitants. I have had the editor copy your editorial[1] of September 2d on the patent medicine fraud as it prevails in the United States with special reference to peruna. These little weekly papers circulate among the rural people, where every issue is read through, ads and all alike. I would suggest that you induce every member of the American Medical Association to have this or some like article occasionally brought out in his home paper. Surely all the physicians of a town would have sufficient influence with their local paper to do this. I assure you that it would work wonders. The people at large have never heard anything but praise of these nostrums, and they fully believe that the ads are written and sanctioned by the medical profession.

This plan would doubtless not work in the larger cities where the advertising bills are large, but it could very easily be done with the small daily and weekly papers, published in villages and towns, as you will see. I propose to have some articles of the kind appear every week. The sums paid these small papers for carrying patent medicine ads is a mere pittance. J. E. MILLER, M. D.

—*Journal A. M. A.*, September 23, 1905.

Thyroid Disease in California.

H. C. Moffitt, San Francisco (*Journal A. M. A.*, September 16th), writes interestingly on thyroid disease in California. Observation has convinced him that thyroid disease is more common in San Francisco than in many other cities, and he has studied the subject by correspondence with other physicians throughout the state. Goiter is more common, especially about San Francisco bay, and less frequent in the southern part of the state and in the mountains, and is endemic in certain portions of the northern section. Myxedema seems to be more frequent in San Francisco, perhaps because most patients drift there. He has reports of 53 cases in that city and 33 throughout the state, excluding *formes frustes*, of which he has notes of 11 cases. These are characterized by dry skin, scaling of the scalp, thinning of the eyebrows and loss of hair from the neck and in the axillæ, pains in the knees and ankles and between the shoulders, and fat pads about the upper back and clavicle are characteristic. Of sporadic cretinism, he has collected 61 cases altogether, 35 of them in San Francisco. Exophthalmic goiter seems to be much more common in bay counties than elsewhere in the state, and he remarks on the danger of the use of the iodin preparations, especially when a goiter exists, however small. He has had several cases of iodism in patients with small goiters, and he suggests the possibility of the strong sea winds in San Francisco affecting the frequency of cases. The therapy of thyroid conditions is discussed at some length. The reports as to thyroid medication in myxedema and cretinism are enthusiastic; large doses are not required, and they may produce unpleasant symptoms in myxedema. He has seen good results in exophthalmic goiter from long-continued faradism. He thinks many cases of exophthalmic goiter are amenable to surgery, and that more attention should be given to the statement of Horsley that division of the isthmus alone leads to retrogressive changes and shrinking in the rest of the gland.

[1] "A Miserable Outrage," *The Journal*, Sept. 2, 1905, p. 722.

NEPHRO-PHONOTOSCOPE AND URETO-RENAL CALCULI.

By GEORGE L. EATON, M. D., San Francisco.

WITHIN the last decade many urological instruments have been invented for the purpose of determining disease of the genito-urinary tract. Prof. Nitze served the profession well when he produced the cystoscope, and with it we are able to determine with exactitude many pathological conditions of the kidney and bladder, and thereby avoid many exploratory operations. Still, at the present time urologists are handicapped in as much as so few instruments of practical value are at hand by which one is able to determine the true state of affairs.

Since the advent of kidney and renal catheterization, we are in a fair way of determining which kidney is at fault, and also the class of inflammation we have to contend with, as well as the functionating capacity. Dr. Winfield Ayres of New York has recently popularized kidney therapy by lavage of the renal pelvis to such an extent that his statistics go to show that a large percentage of kidney lesions are amenable to treatment and many pyelitic conditions are reported permanently cured.

Quoting directly from his article read before the American Urological Association in 1905, concerning the etiology of renal calculus: "Catarrhal pyelitis may exist for a long time and do no apparent harm; it, however, presents a beautiful field for the growth of a stone, and it is probable that all calculi have as their starting point a pyelitis—" It would be well at this point to consider the etiology of pyelitis. If it were possible to catalogue every pyelitic case in existence, in both male and female, I feel positive that at least 80% would give a history of gonorrhea, with one or more of the subsequent complications, e. g., cystitis, posterior urethritis, prostitis, vesiculitis, vasitis, epididymitis, metritis, endometritis, oöphoritis, salpingitis, etc. The other 20% would represent constitutional ailments with a predisposition toward nephritic complications.

Granting that pyelitis occupies an important role in the etiology of renal and ureteral calculi, we are now in a position to discuss the formation of the calculus, whether it be renal or ureteral; they must all have a nucleus for a starter. To begin with, we have an engorgement following an inflammatory process, which has a tendency to obstruct the lumen of the ureter nearest to the greater area involved, which would include the pelvic ureter. With this condition of affairs we should naturally expect a retardation in the flow of urine, thereby causing a gradual dilatation of the kidney pelvis and a resulting hydronephrosis with an accumulation of uric acid and oxalate of lime which, as you will readily see, may act as a nucleus and in a very short time proproduce a calculus.

Symptoms of renal and ureteral calculus are variable, in fact so much so that pain may be transferred to some distant part instead of being located in the organ affected. Bladders are frequently sounded, irrigated, and opened, ovaries and the appendix are removed, all to no purpose; as in one very striking instance in which the bladder was opened for stone, all symptoms pointing to the same, but upon subsequent examination and operation a renal calculus weighing 260 gr. was found.

A calculus may develop, and traverse the urinary passage, and escape without giving rise to any symptoms, while on the other hand the most excruciating pain with marked nervous symptoms and high fever will sometimes accompany one of much smaller size. Apart from an attack of renal colic, one of the most common symptoms is the pain referred to, the lumbar region, the front of the abdomen over the affected kidney and down the course of the ureter. Still all of the direct and reflex symptoms may be absent, and the only sign that attracts our attention may be the character of the urine, in which after being